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**FACSIMILE TRANSMITTAL**  
August 29, 2005

*from* **PAUL M. ULRICH**

Direct: 937-449-6407 / Fax: 937-449-6405 / paul.ulrich@dinslaw.com

**To:** Examiner Ivars C. Cintins  
**Firm:** Patent and Trademark Office  
**Fax Number:** (571) 273-8300  
**Client Number:** 7568M  
**Pages:** 21  
**(including cover)**  
**Comments:** Original will not follow.

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Applicant : Tremblay et al.  
Serial No. : 09/574,456  
Filed : May 19, 2000  
Title : METHODS FOR REMOVAL OF NANO-SIZED PATHOGENS FROM LIQUIDS  
Docket No. : 7568M  
Examiner : Ivars C. Cintins  
Art Unit : 1724  
Conf. No. : 7765

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AUG 29 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number: 09/574,456 Filing Date: May 19, 2000 First Named Inventor: Mario Elam Tremblay Examiner Name: Ivars C. Cintins Art Unit: 1724 Attorney Docket No.: 7568M	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 180.00			

**METHOD OF PAYMENT** (check all that apply)

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20  
**Indep. Claims** - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**  
 Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Supplemental IDS fee	180.00

<b>SUBMITTED BY</b>		
Signature:	Registration No. (Attorney/Agent): 46,404	Telephone: (937) 449-6400
Name (Print/Type): Paul M. Ulrich	Date: August 29, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 180.00
**Complete If Known**

Application Number **09/574,456**  
 Filing Date **May 19, 2000**  
 First Named Inventor **Mario Elam Tremblay**  
 Examiner Name **Ivars C. Cintins**  
 Art Unit **1724**  
 Attorney Docket No. **7568M**

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**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
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**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

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180.00

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